

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213532011					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Shemin Nurseries, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2013</p> <p>SCC ID NO: F1073255</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>200,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	200,000	
CLASS	AUTHORIZED						
COMMON	200,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 42 OLD RIDGEBURY RD CITY/ST/ZIP: DANBURY, CT 06810</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEFFAN R BURNS TITLE: PRESIDENT ADDRESS: 42 OLD RIDGEBURY RD_3RD FLOOR CITY/ST/ZIP/CO: DANBURY, CT 06810 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> DIRECTOR </td> </tr> </table>			NAME: STEFFAN R BURNS TITLE: PRESIDENT ADDRESS: 42 OLD RIDGEBURY RD_3RD FLOOR CITY/ST/ZIP/CO: DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DIRECTOR
NAME: STEFFAN R BURNS TITLE: PRESIDENT ADDRESS: 42 OLD RIDGEBURY RD_3RD FLOOR CITY/ST/ZIP/CO: DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FRANCIS J DE ROSA TITLE: VICE PRESIDENT ADDRESS: 42 OLD RIDGEBURY ROAD CITY/ST/ZIP/CO: 3RD FLOOR DANBURY, CT 06810 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> DIRECTOR </td> </tr> </table>			NAME: FRANCIS J DE ROSA TITLE: VICE PRESIDENT ADDRESS: 42 OLD RIDGEBURY ROAD CITY/ST/ZIP/CO: 3RD FLOOR DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: FRANCIS J DE ROSA TITLE: VICE PRESIDENT ADDRESS: 42 OLD RIDGEBURY ROAD CITY/ST/ZIP/CO: 3RD FLOOR DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FRANCES J DEROSA TITLE: VICE PRESIDENT ADDRESS: A2 OLD RIDGEBURY RD 3RD FL CITY/ST/ZIP/CO: DANBURY, CT 06810 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> DIRECTOR </td> </tr> </table>			NAME: FRANCES J DEROSA TITLE: VICE PRESIDENT ADDRESS: A2 OLD RIDGEBURY RD 3RD FL CITY/ST/ZIP/CO: DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: FRANCES J DEROSA TITLE: VICE PRESIDENT ADDRESS: A2 OLD RIDGEBURY RD 3RD FL CITY/ST/ZIP/CO: DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RONALD W SENTMAN TITLE: VICE PRESIDENT ADDRESS: 42 OLD RIDGEBURY ROAD CITY/ST/ZIP/CO: 3RD FLOOR DANBURY, CT 06810 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> DIRECTOR </td> </tr> </table>			NAME: RONALD W SENTMAN TITLE: VICE PRESIDENT ADDRESS: 42 OLD RIDGEBURY ROAD CITY/ST/ZIP/CO: 3RD FLOOR DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: RONALD W SENTMAN TITLE: VICE PRESIDENT ADDRESS: 42 OLD RIDGEBURY ROAD CITY/ST/ZIP/CO: 3RD FLOOR DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD E SMEDBERG, JR TITLE: VICE PRESIDENT ADDRESS: 42 OLD RIDGEBURY ROAD CITY/ST/ZIP/CO: 3RD FLOOR DANBURY, CT 06810 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> DIRECTOR </td> </tr> </table>			NAME: DONALD E SMEDBERG, JR TITLE: VICE PRESIDENT ADDRESS: 42 OLD RIDGEBURY ROAD CITY/ST/ZIP/CO: 3RD FLOOR DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DONALD E SMEDBERG, JR TITLE: VICE PRESIDENT ADDRESS: 42 OLD RIDGEBURY ROAD CITY/ST/ZIP/CO: 3RD FLOOR DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN H OAKLEY JR TITLE: AS/AT ADDRESS: 42 OLD RIDGEBURY RD 3RD FL CITY/ST/ZIP/CO: DANBURY, CT 06810 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> DIRECTOR </td> </tr> </table>			NAME: JOHN H OAKLEY JR TITLE: AS/AT ADDRESS: 42 OLD RIDGEBURY RD 3RD FL CITY/ST/ZIP/CO: DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JOHN H OAKLEY JR TITLE: AS/AT ADDRESS: 42 OLD RIDGEBURY RD 3RD FL CITY/ST/ZIP/CO: DANBURY, CT 06810	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L CURLETT TREASURER 42 OLD RIDGEBURY ROAD 3RD FLOOR DANBURY, CT 06810	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L CURLETT SECRETARY 42 OLD RIDGEBURY ROAD 3RD FLOOR DANBURY, CT 06810	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L CURLETT SECRETARY 42 OLD RIDGEBURY ROAD 3RD FLOOR DANBURY, CT 06810	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kenneth Lau DIRECTOR 60 W 42nd Street Suite 1400 New York, NY 10165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Quinn Morgan DIRECTOR 60 West 42nd Street Suite 1400 New York, NY 10165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Kreilein DIRECTOR 60 West 42nd Street Suite 1400 New York, NY 10165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN H OAKLEY JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN H OAKLEY JR, AS/AT PRINTED NAME AND CORPORATE TITLE	7/9/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			